

Joint Theater Trauma System Clinical Practice Guideline

CENTCOM JTTS CPG DEVELOPMENT, APPROVAL, IMPLEMENTATION AND MONITORING PROCESS

Original Release/Approval	30 Apr 09	Note: This CPG requires an annual review.	
Reviewed:	Apr 09	Approved:	30 Apr 09
Supersedes:	This is a new CPG		
<input type="checkbox"/> Minor Changes (or)	<input type="checkbox"/> <i>Changes are substantial and require a thorough reading of this CPG</i> (or)		
<input type="checkbox"/> Significant Changes			

1. Goal. To formalize the processes for developing, reviewing, updating, approving, and monitoring CENTCOM JTTS Clinical Practice Guidelines (CPGs).

2. Background. CENTCOM JTTS CPGs are the backbone of the JTTS Performance Improvement system-wide program. Historically, since the early outset of the in-theater trauma system, these guidelines have been developed and implemented by clinical subject matter experts (SME) in response to needs identified in the CENTCOM AOR. More recently, as the trauma system has matured, the process for identifying, developing, vetting, approving, and implementing CPGs has also matured. This CPG describes the most current iteration of the process that helps to standardize and codify the spectrum of CPG development and implementation.

To the greatest extent possible, CENTCOM JTTS CPGs are evidenced-based. Where evidence is lacking or unclear, but where the need for a CPG is paramount, guidelines are developed based on the best available data and SME consensus. Monitoring of all CPGs is essential to the process, and routine updates of CPGs occur on approximately an annual basis. Additionally, based on new evidence or prevailing SME input, CPGs are updated in whole or part whenever the need arises. SMEs include, but are not limited to, military and civilian experts, deployed clinicians, Service trauma/surgical consultants, CENTCOM JTTS Director, CENTCOM JTTS TNCs, JTS Director, Deputy Directors, and Performance Improvement Nurse Coordinator.

3. New CPG Development and Approval:

- Topic for a CPG may be presented by any subject matter expert to the current Joint Theater Trauma System (JTTS) Director, Joint Trauma System Director and/or Joint Trauma System Deputy Director at the JTS.
- The Directors will produce a working draft of the CPG with inputs from theater and other SMEs and circulate it to the prior JTTS Directors and Service Trauma Consultants (designated by each Service SG) for comments, inputs and corrections, resulting in a final draft of the CPG.

Note: Lack of response/input from the above named entities within 14 calendar days of dissemination of the draft CPG will constitute concurrence with the draft.

- Final clinical approval will be by consensus of the Directors. On issues where a CPG is indicated, but Director consensus cannot be reached, the JTS Director is the final clinical

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approval authority. At the discretion of the JTS Director, an addendum to the CPG discussing alternate or dissenting opinions will be added.

- d. Final approval authority for implementation of the CPG rests with CENTCOM SG to insure the CPG is in line with theater needs, objectives, resources, etc.
- e. Once approved by CENTCOM SG, the CPG will be placed on the public website: <http://www.usaisr.amedd.army.mil/cpgs.html> and the AKO website: <https://www.us.army.mil>.

4. Existing CPG Updating and Approval:

- a. Existing CPGs will be updated at least annually, or sooner in response to clinical or operational needs.
- b. Based on the above timeframes, the CENTCOM JTTS Director will initiate the update by first sending out the CPG for inputs from the Level III trauma/surgical chiefs, in-theater and other SMEs, and the JTS Director and Deputy Director
- c. Suspense for submitting updates back to the JTTS Director will be a minimum of 14 calendar days.
- d. The JTTS Director will collate all inputs and discuss these with the JTS Director and Deputy Director.
- e. After approval, the JTTS Director will forward the updated CPG to CENTCOM SG for informational purposes only:

Note: If the updated CPG requires new resources or operational changes (changes in staffing, supplies, equipment, airlift, etc.) final approval authority for the updated CPG will rest with CENTCOM SG.

5. Monitoring. CENTCOM JTTS CPGs are monitored by the in-theater JTTS Director and Trauma Nurse Coordinator (TNC) team. Monitoring specifics (e.g. timing, frequency, compliance criteria, etc.) are determined by the CENTCOM JTTS Director and Program Manager. The JTS Performance Improvement team assists with the CPG monitoring process.

6. References. N/A

Approved by CENTCOM JTTS Director, JTS Director
and Deputy Director and CENTCOM SG

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